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ABSTRACT

This issue of the Australian Early Childhood Association Research in Practice Series focuses on young children with special or additional needs and provides information on care and education for these children in early childhood settings in Australia. The booklet discusses the use of the term "additional needs" and the value of respecting racial and cultural diversity while avoiding stereotypes. Two case studies are presented to illustrate how additional needs are recognized. The booklet discusses various types of physical and intellectual disabilities, sensory impairments, emotional problems, developmental delays and disabilities, communication problems, and medical conditions, as well as environmental stress and high intellectual ability, and notes that it is important that caregivers and teachers understand the child before the child's problem. General guidelines for meeting children's additional needs are delineated, and the types of professionals who may be involved in the child's care are defined. The booklet concludes with the challenge that caregivers and teachers endeavor to help children have the best possible opportunity to enjoy their childhood and to develop to their full potential. (Contains 14 references.) (KB)

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Young children with additional needs

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The AECA Research in Practice Series is published four times each year by the Australian Early Childhood Association.

The series aims to provide practical, easy to read, up-to-date information and support to a growing national readership of early childhood workers. The books bring together the best information available on wide ranging topics and are an ideal resource for children's services workers and others interested in the care and education of young children. Books produced in previous years have now become standard texts in many early childhood courses.

The Research in Practice Series Committee invites contributions on all aspects of the education and care of young children. Given the multi-disciplinary nature of the field, contributions from all disciplines concerned with young children and their families are welcome.

All Research in Practice Series manuscripts are required to undergo a blind review by readers experienced in the field and will not necessarily be published. The style of the Research in Practice books must be simple and informative. Jargon and the presumption of prior knowledge should be avoided. Guidelines for contributors are available on request from the Publications Section.

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Young Children with Additional Needs

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About the author

Annie Palmer is an early childhood teacher. She was a member of the early intervention team at the Cerebral Palsy Association's Sir David Brand Centre and a lecturer at the Central Metropolitan College of TAFE. She wrote the curriculum modules for the care of children with additional needs for both the Western Australian Department of Training and the National Childcare Curriculum. Annie contributed a chapter to the book *The Anti-Bias Approach in Early Childhood*, edited by Barbara Creaser and Elizabeth Dau. She has been on the board of management of the Resource Unit for Children with Special Needs and is currently teaching at Margaret Preprimary in Leederville, an inner city suburb of Perth in Western Australia.

Caring for children with additional needs

- Get to know the child well. Observe them carefully to find out what they can do, what they enjoy, and what they are interested in.
- Gather information about the child from as many sources as possible. Talk to the parents about their child. They may also give you permission to contact the professionals involved in the care or treatment of the child.
- Use play to encourage all areas of the child's development. Do not focus your attention only on the areas that cause the child problems.
- Give children opportunities to make choices and the chance to work out for themselves the best way to do things. Independence and autonomy help children develop self-esteem.
- Give children honest and realistic encouragement. Praise and encourage their efforts and help them set realistic goals. Be sensitive to a their efforts to do things and recognise they are often the best person to solve their problems.
- Model your acceptance and respect for differences between children. Be aware that your response to additional needs may affect other children's attitudes to the child.
- Be sensitive to the needs of the other children. Answer their questions openly and honestly. Help children to understand and respect differences in appearance, behaviour, and ability.

(from page 14)

Young Children with Additional Needs

What are additional needs?

All children have special or additional needs at some time. But it can be confusing to hear children described as having additional needs, special needs, a disability, or handicap. To add to the confusion these terms can mean different things to different people and have changed in use over time. Most Australians now prefer to use the term 'additional needs' to describe:

- the needs children have to overcome or minimise the effects of disabilities or other conditions affecting their development, health, or wellbeing, and
- the needs of children to develop as best as possible within the limits of the disability or problems they have.

We need to continue to ... help people to understand, accept, and value the diversity in children's needs and abilities.

Avoiding stereotypes

Australians are increasingly aware of the value of respecting racial and cultural diversity, and equal opportunity and anti-discrimination legislation reflect the changing attitudes in our society. However, we need to continue to discourage stereotypical attitudes and help people to understand, accept, and value the diversity in children's needs and abilities. This is done by being aware of the potential effects of how we talk about or describe children's needs.

It was once common to say 'a Down Syndrome child', 'slow learner' or 'spastic'. Conversely, discussions about disabilities and other problems were often avoided because the topic made people

All children need care and support to develop, be safe and enjoy childhood.

Using positive language

Say: 'Michael has Down Syndrome and points to what he wants.'

Not: 'Michael is a Down Syndrome and cannot talk.'

Say: 'Jasmin has epilepsy.'

Not: 'Jasmin suffers from epilepsy, or, Jasmin is epileptic.'

Say: 'I have three children with additional needs in my class.'

Not: 'I have three additional needs children in my class.'

feel uncomfortable. The language used focused attention on differences or encouraged feelings of helplessness and pity. Labelling children by their disability in this way draws attention to just one aspect rather than the whole child. Descriptions such as, 'the paraplegic in my class' or 'he suffers from cerebral palsy' focus on differences and do not encourage respect for the individual.

We can discourage stereotypical and negative attitudes by:

- avoiding labelling children by their disability, medical condition, or problem(s);
- avoiding negative terms like 'victim' or 'sufferer';
- using honest and objective language;
- completely avoiding labels unless it is pertinent to the situation;
- using children's names rather than labelling them by their differences. Children are individuals first, with similar needs, interests and abilities, as well as having some differences; and
- avoiding focusing on differences by using general terms such as 'has additional needs' or 'has a disability'.

Recognising additional needs

All young children need care and support to develop, be safe, and enjoy childhood. Adults caring for or teaching young children are responsible for recognising and responding to their needs and problems, whether those needs are major or minor.

Children have additional needs when they have problems which affect their development, health, wellbeing, and ability to play and learn. There may be only a narrow distinction between the common

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childhood problems and things with the potential to cause additional needs. Everyday experiences can be a painful or stressful part of life for children with additional needs. Adults caring for or teaching these children should ensure they have the best possible care to avoid or minimise any negative effects.

The complex relationship between factors affecting children's life and development determines additional needs. The concept of additional needs is confusing because for many reasons two children with the same problem may be affected differently. For one child the effects may be temporary and, with correct care, the child will not develop additional needs. A less fortunate child may develop permanent or long-term problems if their carers or teachers do not recognise, understand, or respond to their problem. The severity of the problem alone does not cause children to have additional needs.

During the early stages of development, young children are particularly vulnerable to the problems that cause additional needs. As each area of development is interrelated, a problem in one area can impact on development in other areas.

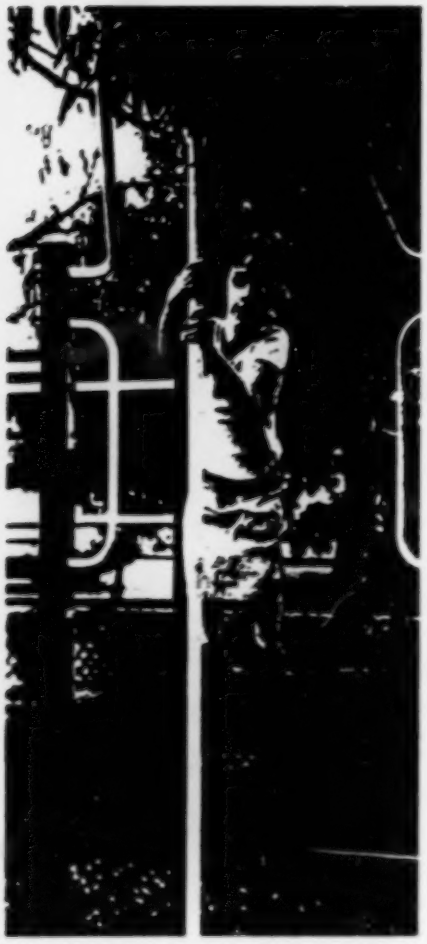
Case study: Simon and Kaitlin
Simon and Kaitlin experienced very different effects from the same medical problem.

Simon at 15 months was unwell and in pain with an ear infection. He was comforted by his carers and received appropriate medical treatment. He recovered with no lasting effects.

Kaitlin at 15 months had an ear infection. Her mother took a while to notice the problem and did not give Kaitlin the prescribed medication correctly. Kaitlin was very miserable and cried continuously for several days. Her tired and stressed mother often left her to cry. Kaitlin became lethargic and had no interest in toys or people. She developed 'glue ear' and a permanent

Children have additional needs when they have problems which affect their development, health, wellbeing, and ability to play and learn.

Use play to encourage all areas of a child's development.



Madelaine has a tenacious appetite to be independent.

hearing loss. By the age of five, Kaitlin's language development was delayed and she had behaviour problems. Her frequent tantrums were usually caused by her problems communicating. At school, Kaitlin was aggressive and inattentive in class. Her teacher found her untrusting and uncooperative.

The ear infection did not cause Simon to have additional needs. Kaitlin's infection led to her permanent hearing loss as well as affecting the development of language, social skills, and her sense of trust. Additional needs are often regarded as physical problems but, as in Kaitlin's case, it is important to remember there are also emotional, intellectual, and social effects.

Case study: Madelaine

Sometimes children have disabilities or problems that cause additional needs, but many factors influence how problems affect individual children. Madelaine's story is a good example of why we need to always treat children as individuals and try to understand both their strengths and their needs.

Madelaine is a five-year-old with a physical disability affecting her strength, coordination and balance. It would be easy to assume that such a severe disability would cause her to have many additional needs. On meeting Madelaine for the first time, I was concerned about how to meet her additional needs in a class of 27 five-year-old children. I soon found her to have a sunny disposition and a tenacious appetite to be independent and play with other children, and to be popular with both children and staff. At school she takes advantage of all the experiences offered. Madelaine does need extra support during physical activities and cannot play actively for very long. She enjoys dramatic outdoor play and I make sure that less active play and learning options are always available.

Madelaine's development is normal in all areas but physical skills and strength. At this stage of her life, her additional needs are mainly for medical and therapeutic treatment. From her parents' point of view, Madelaine has additional needs for weekly physiotherapy and frequent medical appointments. They have concerns for her future and how best to help her to cope with her difficulties. When she is older, the effects of her disability might cause other needs to develop. In middle childhood, Madelaine may become more aware of her differences as sport and socialising become more important to her peers. However, having developed a positive attitude to her abilities and a strong self-esteem, she will be well prepared to face the challenges of life with a disability.

The causes of additional needs

We all know or have seen children with additional needs. Many things happen to children before, during, or after birth to cause additional needs. Carers and teachers need to understand children's temperament, likes, dislikes, abilities, and needs. The best way to do this is through observation and discussion with those who know the child. It is more important to know the child than to know about the child's problem. Focusing on the problem may not be the best way to help the child and may even disadvantage them by making them 'more different' from their peers. That is not to say that we should not learn about how the condition effects the child, but we should remember to keep the focus on the child, not the condition.

Ben, a two-year-old, crawls to get about because he has a condition affecting the development of his legs. He is not yet disabled because he still behaves and looks like many other two-year-old children. A five-year-old who cannot walk is different from his peers. Not being able to walk is a disability for them and is caused by the impairment to their legs.

Having a disability means part or parts of the body are somehow impaired. An impairment means that the part of the body is damaged, missing, or does not function as expected. How the impairment affects the person is the disability. Because of many variables, including their age and their environment, two people with a similar impairment can be affected very differently.

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Get to know the child as best you can ... find out what they enjoy, and what they are interested in.

Children can be born with disabilities or develop them at any stage through disease, accidents, or conditions they were born with. Some conditions are not apparent at first but slowly progress to cause disabilities. During the developmental stages of early childhood, disabilities in one area can affect development in other areas.

Physical disabilities

These are due to impairments to parts of the body or to the parts of the brain, controlling muscles and balance. Physical disabilities can affect mobility (walking, crawling, running, climbing), chewing, swallowing, eating, bladder or bowel control, balance, coordination, and strength. These disabilities can cause children to have difficulty or be unable to use the toilet, eat, dress, play, draw, write, or protect themselves.

Physical disabilities ... are due to impairments to parts of the body or to the parts of the brain, controlling muscles and balance.

Some common physical disabilities

Cerebral Palsy is the result of damage to the part of the brain that controls body movements. Children with cerebral palsy may have problems controlling movements or have involuntary movements. There is a wide range of problems associated with cerebral palsy and each child is affected differently. Some children are severely affected and are completely dependent on others for all their care. At the other extreme, children have minor problems with coordination, balance, or muscle strength.

The cause of Cerebral Palsy is damage to the brain before, during, or soon after birth. This can be due to many different things such as oxygen deprivation or low birth weight but, for many children with cerebral palsy, the cause is unknown.

Amputation of a limb or part of a limb causes impairment and may be the result of injury or disease, or the limb may fail to develop or be missing at birth.

Muscular Dystrophy is a group of inherited muscular disorders which result in gradual degeneration of muscle fibres. The physical problems caused by Duchenne's muscular dystrophy begin to appear when affected children are about two years old.

Spina Bifida is a condition that is present at birth where the spinal cord is not formed properly. It can cause different degrees of problems with the development of walking, and bowel and/or bladder control.

Paralysis to the limbs or spine causes a serious disability. This results from injury or disease that damages the spinal cord.

Intellectual disabilities

These affect mental or cognitive functioning. Intellectual disabilities affect children's ability to think, solve problems, learn, remember, and use language, or learn age-appropriate social skills. Some intellectual disabilities result from injury to the brain caused by accidents or disease, some are caused by genetic factors and, for some, no cause can be determined. Some intellectual disabilities result from:

Down Syndrome is a genetic condition present at birth. It is the most common chromosome abnormality and present in 1 in 700 births. Most people recognise the distinctive appearance of children with this syndrome (no longer called mongolism). Children with Down Syndrome can be affected by differing degrees to a range of symptoms including, small stature, frequent ear and chest infections, mild to moderate intellectual impairment, delays in language development, and vision and heart problems.

Intellectual disabilities affect children's ability to think, solve problems, learn, remember, and use language, or learn age-appropriate social skills.

We need to always treat children as individuals and try to understand their strengths and needs.

Children need opportunities to play with safe, interesting things, and with other children.

Foetal Alcohol Syndrome is caused by drinking alcohol during pregnancy and can lead to mild to moderate intellectual disability, reduced growth, a small head and flattened nose.

Many rare syndromes are characterised by differing degrees of intellectual impairment. These are usually named after the person who first described the collection of symptoms common to the syndrome or some aspect of the syndrome. Some examples are Prader-Willi Syndrome, Angelman Syndrome and Cri de Chat Syndrome. It would be difficult to learn about all the different syndromes and many are extremely rare.

Sensory impairments

These are impairments to the senses of vision or hearing and, less commonly, the other senses. These can be present at birth or the result of injury or disease. Sensory impairments vary in degree and affect children in a variety of ways.

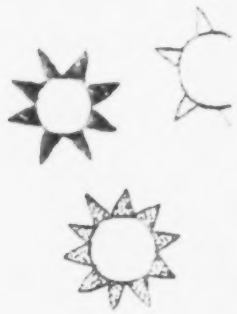
A conductive hearing impairment is caused by something preventing sound from passing through the outer and inner ear to the auditory nerves. Internal parts of the ear may be missing or damaged through to disease, injury, or prenatal factors. Ear infections which are not treated effectively are a common cause of conductive hearing loss.

Sensori-neural hearing loss or nerve deafness is permanent and appears before or after birth. In some families, this type of hearing loss is genetic and some or all members of the family are affected. Other causes are viral infections such as rubella and measles, physical trauma to the brain, or the effects of some medications prescribed for other conditions.

Damage or disease to the eye can cause vision impairment, by affecting the eye, the muscles that control the eye, or the part of the brain that interprets visual perceptions. There are many types of vision impairment and children are affected to different degrees.

Emotional problems

This covers the wide range of difficult-to-define emotional and behavioural problems. These disorders affect normal emotional or social development in childhood.The terms mental illness or psychiatric disorder are not used in regard to young children. However, some adults who are diagnosed as such may have had emotional difficulties as young children. There are many reasons children have either delays in achieving, or the inability to achieve the social and emotional milestones of development. Some causes of emotional problems are:



- the effects of other disabilities and impairments. For example, a severe physical disability or disability preventing the development of speech reduces children's opportunity to develop socially;
- developmental delays in any area. These may affect emotional or social development;
- environmental factors such as emotional deprivation, stress, inappropriate care, or abuse;
- conditions or syndromes that affect emotional development. For example, children with Prader-Willi Syndrome may have behaviour problems and an obsession with food; and
- autism—this is a disability that affects children's understanding of the world. It impairs their ability to understand normal sensory messages and affects their usage or understanding of language. Children with autism may develop disturbing ways of relating to the world, and they may have special talents and interests.

Developmental delays

This term can be used in a number of ways but, used correctly, describes development that is at a lower level than expected when compared to the average child at that age. Despite the expected difference in the rate children develop there is a point when we recognise that the child's

The term developmental delay is often used to describe a child who is either too young to be tested for another problem or for whom no cause can be found for the delay in their development.

Give children honest and realistic encouragement.

development is well behind their peers in one or more areas. A global developmental delay means that all areas of development are delayed. Some children do catch up and develop normally but, for many children, a developmental delay is a symptom of impairment in some part of the body. For example:

- a developmental delay in acquiring language can be due to a hearing impairment or and intellectual disability;
- a developmental delay in bladder control can be due to many factors including a physical problem, disease or infection, emotional or behavioural problem, or an intellectual disability.

Developmental disabilities

A *developmental disability* is any disability affecting children during their developmental stages. Any disability during the crucial stages of development can affect other areas of development. This should not be confused with *developmental delay*.

A* developmental disability *is any disability affecting children during their developmental stages ... This should not be confused with developmental delay.

Communication problems

The complex interrelationship between all the areas of development can cause communication problems. Examples of communication problems are:

- physical disabilities affecting the production of speech;
- hearing impairments affecting the understanding and use of oral language;
- intellectual disabilities that make understanding of language difficult or affect the ability to learn to read or write;
- impairment to vision, making it difficult or impossible to perceive body language and gestures that add meaning to oral language; and

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- emotional problems such as autism affecting the understanding of language.

Chronic illness or serious medical conditions

Illness or the treatments for these conditions can affect some or all areas of development. Serious chronic illness or the effects of treatment can reduce children's interest or ability to play and learn. There are many different medical conditions and children are affected in different ways.

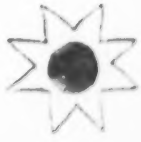
Haemophilia is a genetic condition where blood lacks one of the components known as 'factors' that cause normal clotting. External or internal bleeding persists after any injury and can cause tissue damage, pain, swelling, and possible physical impairments.

Cancer and leukaemia in children are different from the diseases that affect adults. The causes are still not well understood and treatment can involve surgery, chemotherapy, radiation therapy, or bone marrow transplants. Both the disease and the treatment can be painful and debilitating. Children may have little or no interest in play or learning.

Cystic Fibrosis or CF is an inherited chronic disease involving the mucous-producing glands and some sweat glands. Most signs and symptoms arise from the thick sticky mucous blocking small passages in the body, particularly in the lungs and pancreas. This leads to repeated and destructive lung infections and, in most children, the possibility of malnourishment as the pancreas releases some of the enzymes necessary for digestion. Children may be small in stature and have a reduced ability to fight infection.

Epilepsy causes seizures because of abnormal electrical activity in the brain. The type and severity of the seizures depend on which part of the brain is

Serious chronic illness or the effects of treatment can reduce children's interest or ability to play and learn.



Support children in their choice of play

affected. Epilepsy can result from a head injury or be associated with other disabilities such as cerebral palsy. Seizures vary in type, intensity, and frequency. Some children's development is affected by the medication used to prevent serious seizures.

Diabetes in children is called Type 1 or insulin-dependent diabetes. It is a chronic medical problem where the pancreas does not make the hormone insulin. Insulin is essential to metabolise the glucose (sugar) in food. It moves glucose from blood into body cells to provide them with energy. Without insulin the glucose levels get out of balance and can cause serious problems such as impairment to vision, or death. Children with diabetes need a carefully monitored diet and exercise, daily blood tests, and injections.

There are many other medical conditions affecting children such as Human Immune-deficiency Virus (or HIV that causes the disease AIDS), juvenile arthritis, asthma, obesity, or failure to thrive. These children can have a wide range of additional needs to help them develop and enjoy life. It can be particularly difficult for carers of children with life-threatening conditions.

Environmental factors and stress

For many children serious ongoing stress ... affects growth, health, learning, or emotional wellbeing.

Many factors other than impairments or medical conditions can cause children to have additional needs. All children experience stress in their life and all are affected in different ways. Some children are able to cope or are supported to survive stressful experiences unharmed. For many children serious ongoing stress, traumatic events, neglect, abuse, or emotional deprivation affect growth, health, learning, or emotional wellbeing. Having a disability may increase the stress in children's lives.

Gifted and talented children

Children who are gifted with a high ability—well above what is expected for their age—may have many advantages. Like all children, they are individuals who may have additional needs due to the disparity between their peers' development and interests and our expectations of children. For example, a five-year-old gifted musician may be expected to practice for long hours, perform to an audience, and behave in ways not normally expected of a five-year-old.

Caring for children's additional needs

It is not possible in this publication to fully describe how to meet children's specific additional needs, but these general guidelines may help.

- Get to know the child well. Observe them carefully to find out what they can do, what they enjoy, and what they are interested in.
- Gather information about the child from as many sources as possible. Parents know their child best but may feel reluctant to share their knowledge with you. It may be appropriate to ask the parent's permission to contact the professionals involved in the care or treatment of the child. Talk with older children who often understand their problems well.
- Use play to encourage all areas of the child's development. Do not focus your attention only on the areas that cause the child problems.
- Give children opportunities to make choices and develop their self-esteem. Over-protection can prevent children finding out what they can do and can affect their developing self-perception. Busy carers may do some things for children to save time, but it is very important that we

Over-protection can prevent children finding out what they can do and can affect their developing self-perception.

Give children opportunities to develop their self-esteem.

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Praise and encourage children's efforts and help set realistic goals.

encourage their independence, self-care, responsibility, and autonomy.

- Some children may not be interested in play, or their physical limitation may limit play choices. Be resourceful: find creative ways to support children in play. You may need advice from experts, or need special equipment, but encouraging play should always be a high priority. Sometimes adults use play solely to 'treat' problems. We should support therapy but also respect children's right and need to play. Children need opportunities to play with safe, interesting things and with other children.
- Give children honest and realistic encouragement. The process is always more important then the outcome. Praise and encourage their efforts and help them set realistic goals. Be sensitive to their efforts to do things and recognise they are often the best person to solve their problems.
- Make an example of your acceptance and respect for differences between children. Be aware that your response to additional needs may affect other children's attitudes to the child. Remember the guidelines for using positive labels and avoid focusing on differences. Sometimes other children are overwhelmed by the fuss adults make about additional needs.
- Be sensitive to the needs of the other children. Answer their questions openly and honestly. Help children to understand and respect differences in appearance, behaviour, and ability. Older children with additional needs may be prepared to answer questions or explain their problems.

Help children to understand and respect differences in appearance, behaviour, and ability.

Support for parents, teachers, or carers

Each state has different names for support services. Look for the child's condition in the telephone directory or the Yellow Pages under *Organisations* (There should be headings *Children*, *Disability* or *Parent Support*). Some states have a directory of services, or you may contact the government department responsible for health, education, family or children's service or disability, a children's hospital or information service to find support agencies available to you. There is a resource unit for children with special needs in most states.

It is neither effective nor efficient to solve every problem alone. There are many support services available for teachers, children's service workers, and parents. Finding someone who shares your experiences and can offer support is very important.

Professional associations and support groups offer opportunities to gain information, share problems, and receive emotional support. The service or agency where the child is receiving treatment may offer support or advice. Teachers and carers—with parents' permission—may approach the medical professionals or therapists treating the child. It may be possible to form a cooperative team including the parent, teachers, other carers, and the various therapists involved with the child. It is important to respect each person's role in caring for or treating the child.

Professionals who may be involved

Many professionals may be involved in the care of children with additional needs. Besides the child's general practitioner—and depending on their needs—they may see:

- ***paediatricians***—specialising in the medical care of children;
- ***ophthalmologists***—specialising in eye conditions;
- ***neurologists or neurosurgeons***—specialising in problems with the brain or nerves;

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- *orthopaedic surgeons*—specialising in skeletal or bone conditions;
- *plastic surgeons*—specialising in the repair or improvement of malformations or injuries.

Other professionals who may be involved include:

- *audiologists*—for testing hearing and prescribing hearing aids;
- *dietitians*—for prescribing the best food to suit the child's needs;
- *speech pathologists*—for helping with problems of language development, eating, and swallowing;
- *occupational therapists (OT)*—for helping to develop skills and independence in the activities of daily living, including play;
- *physiotherapists*—for helping to develop physical skills and abilities and prevent the loss of function of nerves, muscles, and the skeletal system;
- *psychologists*—for assessing children's social, emotional, and cognitive development. They help parents, carers and teachers to understand children's problems and, if necessary, help to manage behaviour.
- *social workers*—for assisting families and helping them to find other services they may need;
- *teachers*—for providing education and training. This may occur in a normal class in the school of the parents' choice or in a special school; and
- *child care workers*—for caring for children with additional needs in child care centres and after school hours care.

A final word

Caring for or teaching children with additional needs can be very challenging. Some additional needs result in children having behaviour or care needs that are time-consuming and stressful. It may be disturbing to see the difficulties and sad experiences some children have in their lives. It may be very hard to see past the day-to-day problems and be positive about our own role and the child's future.

All people who care about children should endeavour to help them have the best possible opportunity to enjoy their childhood.

All people who care about children should endeavour to help them have the best possible opportunity to enjoy their childhood, and the best opportunity to develop to their full potential. Feelings of sadness, grief, anger, or hopelessness might hit us at times and are very normal. Resourcefulness, a positive attitude, and a willingness to focus on the child as an individual is the best possible way of meeting children's additional needs.

A positive attitude and a willingness to focus on the child as an individual is the best way of supporting their additional needs.

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